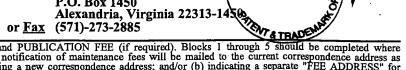
PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

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WASHINGTON, DC 20001-5303					(Depositor's name)		
						(Signature)	
						(Date)	
APPLICATION NO.	FILING DATE	FIRST NAMED IN		VENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/506,495	09/03/2004		Sindre Mikk	telsen	MIKKELSEN1	1579	
TTLE OF INVENTION: R	EADOUT CIRCUIT FOR M	ULTI-PIXEL SE	NSOR			·	
APPLN. TYPE	SMALL ENTITY	ISSUE FEE		PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	YES	\$700		\$300	\$1000	07/24/2006	
EXAMINER AR			IT	CLASS-SUBCLASS	_		
LEE, PATRICK J 287				250-208100			
CFR 1.363). Change of correspond Address form PTO/SB/12 "Fee Address" indicat	e address or indication of "Fe lence address (or Change of 0 22) attached. ion (or "Fee Address" Indica or more recent) attached. Use	Correspondence	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
. ASSIGNEE NAME AND	RESIDENCE DATA TO B	E PRINTED ON T	THE PATENT (p	rint or type)	****		
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.							
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)							
SAMMA MEDICA - IDEAS (NORWAY) AS Bærum, NORWAY							
lease check the appropriate	assignee category or categor	ries (will not be pr	inted on the pater	nt): 🔲 Individual 🗀 (Corporation or other private gr	oup entity Government	
a. The following fee(s) are Issue Fee Publication Fee (No s: Advance Order - # of	mall entity discount permitte		4b. Payment of Fee(s): A check in the amount of the fee(s) is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number (enclose an extra copy of this form).				
_ *	(from status indicated above	•	_				
**	MALL ENTITY status. See				ALL ENTITY status. See 37 C		
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Authorized Signature Jay Montpublic				06/0 Date	2/2006 HBEYENES 0000009	7 10506495	
Typed or printed name JAY M. FINKELSTEIN				Registration	7650421,082	700.00 OP	

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